EXHIBIT A

EXHIBIT A

P.O.S.T. TRAINING
AG's OFFICE TRAINING OUTLINE
SUICIDE PREVENTION FOR VETERANS WHO ARE INMATES

PREAMBLE

"You can judge a society by how well it treats its prisoners." Fyodor Dostoevsky

Suicide causes approximately 30,000 deaths per year; approximately one-third of these suicides are believed to occur with people suffering from bipolar disorder (15% of total) or schizophrenia (13-15% of total); men commit 75% of all suicides. For every successful suicide in the United States there are approximately 25 attempts.

I. Awareness of STIGMA felt by many when considering causes of suicide

a. Suicide is seen by many as "weakness" or moral failing – not true

b. Prevention begins with the knowledge that "courage" or moral strength have nothing to do with a person feeling suicidal or wanting to die – it is, rather, a situation where a person believes the future is hopeless or is a person who is so mentally ill that they lack the ability to properly consider the circumstances and weigh the consequences of their actions.

c. Suicide is either situational or biochemical

i. Situational – Some catastrophic event or series of events leads a person to feel things are hopeless; the belief that they are or will be facing unending pain and suffering or that a problem exists without solution or an acceptable ending

ii. Biochemical – Scientists advise us that suicide can be the result of a variety of biochemical and psychological events and imbalances

1. Scientists have found a link to suicide and families with a history of suicide – (*e.g.* Ernest Hemingway committed suicide; the Hemingway family experienced five suicides over four generations – Hemingway's father, three siblings and granddaughter Margaux (also, possibly his son Gregory)
2. An underlying condition of paranoia, bipolar disorder or schizophrenia or other brain chemistry imbalances or deficits can ofter lead to suicidal ideations or attempts
3. Thiamine balances, decreased serotonin levels and catecholamine activity have been seen as significant factors frequently contributing to suicidal behavior
4. A person who has experienced extended periods of time in an environment of violence, death, loud noises, explosions, bullets, smells of death and weaponry (*i.e.* combat or even violent inner city neighborhoods) can sustain an alteration of their psyche (emotional and biochemical) that can lead to bipolar disorders and/or schizophrenia can result in future problems of depression, anxiety, or even psychosis and can trigger any underlying disposition for bipolar disorder or schizophrenia.

II. Veterans who are Inmates

a. The NDOC and other prison systems currently have a significant number of inmates who are also combat veterans

b. Other inmates who have experienced extraordinary violence in their lives may also fall within the category of being "at risk" of suicide (e.g. gang wars with deadly weapons involved; seeing the effects of street crime such as drive-by shootings, stabbings, at-home violence)

c. Some facilities (e.g. WSCC) have a Unit that consists exclusively of veterans

d. Combat veterans may present unique mental health and suicide risks later in life because of the intense nature of their experiences

e. Trauma can cause symptoms of Post-Traumatic Stress Disorder later in life

f. An estimated 8% of the U.S. population suffer from some degree of PTSD during their lifetimes; among returning veterans the rates are much higher

g. About 11-20% of veterans returning from Operations Iraqi Freedom, Enduring Freedom, and the Gulf War suffer from PTSD at any given time; for Vietnam veterans the rates are higher – approximately 30% will have PTSD in their lifetimes

h. Symptoms of PTSD include: a withdrawal from daily life; distrust of ordinary people and environments; trouble sleeping and concentrating; memory loss of traumatic events is also common

i. Suicidal behavior can be and is associated with PTSD

j. Some people who wish to commit suicide will first engage in a 'cry for help' suicide attempt – one that is not meant to kill but is rather a call for assistance

whether it be counseling, pharmacology or just someone to listen – if this occurs it is imperative that medical/psych people be contacted *immediately*

k. Inmates who have decided to commit suicide will in many instances purposefully avoid contact with prison staff and medical personnel; if they've made up their mind to commit suicide they don't want the interference

III. Underlying facts to be aware of when observing Veterans who are Inmates:

a. This list is far from exclusive

b. As you get to know some inmates you will want to notice sudden changes in behavior or changes in how an inmate interacts with staff and others

c. Be cognizant of:

i. Veterans who are being treated for mental and substance abuse disorders;

ii. Veterans with a family history of mental or substance abuse;

iii. Veterans with a family history of physical or sexual abuse

iv. Veterans having family members or friends who have attempted suicide

v. Veterans who significantly alter their personality (e.g. a normally talkative inmate is suddenly quiet; a gregarious inmate is now sullen and withdrawn)

d. Be aware of any of these activities or changes in habit:

i. Talking about suicide

ii. Always talking about or thinking about death

iii. Making comments about being hopeless, helpless or worthless

iv. Saying things like "it would be better if I wasn't here" or "I want out" or "it'll all be over soon"

v. Worsening depression

vi. A sudden switch from being very sad to being very calm or happy

vii. Having a "death wish," tempting fate by taking risks that could lead to death

viii. Losing interest in things one used to care about

ix. Putting affairs in order; giving away property

x. Decline in appearance or unusual lack of cleanliness, sorrow, weight loss (or gain)

xi. Noticeable shifts in mood

xii. Any drastic change in behavior

IV. What to do if you suspect an inmate is suicidal

a. Speak with the inmate directly if possible. Try to discern from speaking with the inmate if something is wrong or bothering the inmate but do so quietly and without others present – do this in a non-threatening manner so as not to tip off the reason for the questions if possible

b. Share your thoughts and concerns with the inmate's caseworker and Associate Warden

c. If the inmate is receiving medical/psychological treatment then bring your suspicions to the attention of the medical staff member who is treating the inmate

d. Do not delay in providing this information – quick action may save a life

e. Keep a watch on the inmate to discern if his or her activities changes or remain the same – ask other officers who will be in contact with the inmate on other shifts